

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/643976
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							81		101		151		
2							82		102		152		
3							83		103		153		
4							84		104		154		
5							85		105				
6							86		106				
7							87		107				
8							88		108				
9							89		109				
10							90		110				
11							91		111				
12							92		112				
13							93		113				
14							94		114				
15							95		115				
16							96		116				
17							97		117				
18							98		118				
19							99		119				
20							100		120				
21							101		121				
22							102		122				
23							103		123				
24							104		124				
25							105		125				
26							106		126				
27							107		127				
28							108		128				
29							109		129				
30							110		130				
31							81	1	131				
32							82		132	1			1
33							83		133		1		1
34							84		134		1		1
35							85		135		1		1
36							86		136		1		2
37							87		137		2		2
38							88		138		3		2
39							89		139		3		
40							90		140		3		
41							91		141		4		
42							92		142		3		
43							93		143		3		
44							94		144		3		
45							95		145		3		
46							96		146				
47							97		147				
48							98		148				
49							99		149				
50							100		150				
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	41						TOTAL DEP.						
TOTAL CLAIMS	43						TOTAL CLAIMS						